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November 4, 2004

FACSIMILE TRANSMISSION**Response Under 37 CFR 1.116**

To: U.S. Patent and Trademark Office
 Fax No: 703 872-9306
 From: Ted C. Gillespie, Registration No. 27,981
 In re Application of:

Applicants:	Darryl R. Pauls	GAU 3676; Conf. No. 6511
Serial No.:	10/612,435	Examiner: Mark A. Williams
Filed:	July 2, 2003	Attorney Docket No.: 1-23909

For: CASTER WHEEL ASSEMBLY WITH ANTI-FLUTTER CONTROL

Total pages including cover page: Transmittal form in duplicate (2) Letter (1), Claims (4), Argument (2) and this fax cover sheet (1): Total: (10).

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 1-21909													
Applicant(s): DARRYL R. PAULS																	
Application No. 10/612,435	Filing Date July 2, 2003	Examiner Mark A. Williams	Customer No. 04859	Group Art Unit 3676	Confirmation No. 6511												
Invention: Caster Wheel Assembly With Anti-Flutter Control																	
COMMISSIONER FOR PATENTS:																	
Transmitted herewith is an amendment in the above-identified application.																	
The fee has been calculated and is transmitted as shown below.																	
CLAIMS AS AMENDED																	
TOTAL CLAIMS	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST# PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE												
INDEP. CLAIMS	4	3 =	1	x \$88.00	\$88.00												
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$88.00																	
<p><input type="checkbox"/> No additional fee is required for amendment.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. 13-0005 in the amount of \$88.00</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 13-0005</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>																	
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																	
 <i>Signature</i> Dated: November 4, 2004																	
<i>Facsimile transmitted</i>																	
<p><i>To the</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a)).</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;">November 2, 2004</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;"> <i>Signature of Person Mailing Correspondence</i></td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;">Toni Bosch</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>						I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a)).		November 2, 2004		(Date)		 <i>Signature of Person Mailing Correspondence</i>		Toni Bosch		Typed or Printed Name of Person Mailing Correspondence	
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Applicant(s): DARRYL R. PAULS					
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COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0	x \$18.00	\$0.00
INDEP. CLAIMS	4 -	3 =	1	x \$88.00	\$88.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$88.00					
<p><input type="checkbox"/> No additional fee is required for amendment.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. 13-0005 in the amount of \$88.00</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 13-0005</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
Dated: November 4, 2004					
 <i>Signature</i>					
<p>Ted C. Gillespie, Reg. No. 27,981 MacMillan, Sobanski & Todd, LLC One Maritime Plaza, Fourth Floor 720 Water Street Toledo, OH 43604 Telephone: 419-255-5900 Facsimile: 419-255-9639</p> <p style="text-align: center;">to the</p>					
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Darryl R. Pauls **GAU 3676; Conf. No. 6511**

Serial No.: 10/612,435 Examiner: Mark A. Williams

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For: CASTER WHEEL ASSEMBLY WITH ANTI-FLUTTER CONTROL.

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Commissioner for Patents, P.O. Box 1450
Alexandria, VA 22313-1450**

AMENDMENT

Honorable Sir:

Responsive to the office action mailed September 3, 2004, please amend the above-identified application as indicated on the following pages. This amendment places the application in condition for allowance, or alternatively, in better condition for appeal. Therefore, entry of this amendment is respectfully requested.

If any fees are required pertaining to this response, Applicant(s) request that all necessary fees be charged to Deposit Account No. 13-0005.

Respectfully submitted,

Red C Gillespie

**Ted C. Gillespie
Reg. No. 27,981**

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